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TO: Mail Stop APPEAL BRIEF-PATENTS, Technology Center 3600
TELECOPIER NO.: 571/273-8300 DATE: September 20, 2006
FROM: Mitchell P. Novick, Esq. FILE NO. 1654-1198
RE: ROSENDORF - S/N 09/848,191 *** PATENT APPEAL BRIEF ***
NUMBER OF PAGES (including this sheet): 61

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- (1) Transmittal form;
- (2) Fee Transmittal Form (with payment by credit card);
- (3) Request For Extension Of Time (1 month); and
- (4) Appeal Brief.

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Mitchell P. Novick

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PTO/SB/21 (09-08)

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TRANSMITTAL FORM	Application Number	09/848,191	
	Filing Date	05/03/2001	
	First Named Inventor	ROSENDORF, Charles Hillel	
	Art Unit	3624	
	Examiner Name	HAVAN, Thu Thao	
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	60	Attorney Docket Number	1597-1070

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Offices Of Mitchell P. Novick	
Signature	<i>Mitchell P. Novick</i>	
Printed name	MITCHELL P. NOVICK, ESQ.	
Date	09/20/2006	Reg. No. 30,305

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Mitchell P. Novick</i>	
Typed or printed name	MITCHELL P. NOVICK.	Date 09/20/2006

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 310.00

Complete if Known

Application Number	09/848,191
Filing Date	05/03/2001
First Named Inventor	ROSENDORF, Charles Hillel
Examiner Name	HAVAN, Thu Thao
Art Unit	3624
Attorney Docket No.	1597-1070

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief (250), Request For First Month Extension (60) 310

SUBMITTED BY

Signature	<i>Mitchell P. Novick</i>	Registration No. (Attorney/Agent) 30,305	Telephone 973-744-5150
Name (Print/Type)	MITCHELL P. NOVICK, ESQ.		Date 09/20/2006

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